

Form 1040

Department of the Treasury — Internal Revenue Service

## U.S. Individual Income Tax Return

2005

(99) IRS Use Only — Do not write or staple in this space.

**Label**  
(See instructions.)**Use the IRS label.**  
Otherwise, please print or type.**Presidential Election Campaign**

For the year Jan 1 - Dec 31, 2005, or other tax year beginning		2005, ending	, 20	OMB No. 1545-0074
Your first name <b>SUSANA</b>		MI <b>M</b>	Last name <b>SERRANO CAPELLAN</b>	Your social security number <b>584-43-5551</b>
If a joint return, spouse's first name <b>MANUEL</b>		MI <b>R</b>	Last name <b>DURAN PIMENTEL</b>	Spouse's social security number <b>583-78-4879</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>2524 PRESERVE CT</b>		Apartment no.		You must enter your social security number(s) above. <b>▲</b>
City, town or post office. If you have a foreign address, see instructions. <b>MULBERRY</b>		State <b>FL</b>	ZIP code <b>33860</b>	Checking a box below will not change your tax or refund.
► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) ► <input type="checkbox"/> You <input type="checkbox"/> Spouse				

**Filing Status**

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <b>►</b>
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here... <b>►</b>	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a .....	6b <input checked="" type="checkbox"/> Spouse .....	Boxes checked on 6a and 6b .. <b>2</b>
c Dependents:		No. of children on 6c who:
(1) First name <b>JOHANSSEN DURAN SERRANO</b>	(2) Dependent's social security number <b>599-52-8931</b>	• <input checked="" type="checkbox"/> lived with you .. <b>2</b>
(1) First name <b>CARLOS M HIDALGO</b>	(2) Dependent's social security number <b>596-09-5217</b>	• <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) ..
		Dependents on 6c not entered above ..
d Total number of exemptions claimed .. <b>4</b>		Add numbers on lines above .. <b>►</b>

If more than four dependents, see instructions.

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....	7 <b>26,032.</b>
8a Taxable interest. Attach Schedule B if required.	8a <b>74.</b>
b Tax-exempt interest. Do not include on line 8a .....	8b <b>►</b>
9a Ordinary dividends. Attach Schedule B if required .....	9a <b>►</b>
b Qualified divs (see instrs) .....	9b <b>►</b>
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) .....	10 <b>►</b>
11 Alimony received .....	11 <b>►</b>
12 Business income or (loss). Attach Schedule C or C-EZ .....	12 <b>3,358.</b>
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. <b>►</b> <input type="checkbox"/>	13 <b>►</b>
14 Other gains or (losses). Attach Form 4797 .....	14 <b>►</b>
15a IRA distributions .....	15a <b>►</b>
b Taxable amount (see instrs) .....	15b <b>►</b>
16a Pensions and annuities .....	16a <b>►</b>
b Taxable amount (see instrs) .....	16b <b>►</b>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	17 <b>►</b>
18 Farm income or (loss). Attach Schedule F .....	18 <b>►</b>
19 Unemployment compensation .....	19 <b>►</b>
20a Social security benefits .....	20a <b>►</b>
b Taxable amount (see instrs) .....	20b <b>►</b>
21 Other income .....	21 <b>►</b>
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. <b>►</b>	22 <b>29,464.</b>

**Adjusted Gross Income**

23 Educator expenses (see instructions) .....	23 <b>►</b>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ .....	24 <b>►</b>
25 Health savings account deduction. Attach Form 8889 .....	25 <b>►</b>
26 Moving expenses. Attach Form 3903 .....	26 <b>►</b>
27 One-half of self-employment tax. Attach Schedule SE .....	27 <b>237.</b>
28 Self-employed SEP, SIMPLE, and qualified plans .....	28 <b>►</b>
29 Self-employed health insurance deduction (see instructions) .....	29 <b>►</b>
30 Penalty on early withdrawal of savings .....	30 <b>►</b>
31a Alimony paid b Recipient's SSN .....	31a <b>►</b>
32 IRA deduction (see instructions) .....	32 <b>►</b>
33 Student loan interest deduction (see instructions) .....	33 <b>80.</b>
34 Tuition and fees deduction (see instructions) .....	34 <b>►</b>
35 Domestic production activities deduction. Attach Form 8903 .....	35 <b>►</b>
36 Add lines 23 - 31a and 32 - 35 .....	36 <b>317.</b>
37 Subtract line 36 from line 22. This is your adjusted gross income .....	37 <b>29,147.</b>

<b>Tax and Credits</b>		38 Amount from line 37 (adjusted gross income) .....	38	29,147.
Standard Deduction for —		39a Check <input type="checkbox"/> You were born before January 2, 1941, if: <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. checked ► 39a <input type="checkbox"/>		
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.		b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here .....	39b <input type="checkbox"/>	
• All others:		40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	10,000.
Single or Married filing separately, \$5,000		41 Subtract line 40 from line 38 .....	41	19,147.
Married filing jointly or Qualifying widow(er), \$10,000		42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d .....	42	12,800.
Head of household, \$7,300		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43	6,347.
		44 Tax (see Instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	44	633.
		45 Alternative minimum tax (see instructions). Attach Form 6251 .....	45	
		46 Add lines 44 and 45 .....	46	633.
		47 Foreign tax credit. Attach Form 1116 if required .....	47	
		48 Credit for child and dependent care expenses. Attach Form 2441 .....	48	
		49 Credit for the elderly or the disabled. Attach Schedule R .....	49	
		50 Education credits. Attach Form 8863 .....	50	546.
		51 Retirement savings contributions credit. Attach Form 8880 .....	51	
		52 Child tax credit (see instructions). Attach Form 8901 if required .....	52	87.
		53 Adoption credit. Attach Form 8839 .....	53	
		54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 .....	54	
		55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form .....	55	
		56 Add lines 47 through 55. These are your total credits .....	56	633.
		57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- .....	57	0.
<b>Other Taxes</b>		58 Self-employment tax. Attach Schedule SE .....	58	474.
		59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....	59	
		60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	60	
		61 Advance earned income credit payments from Form(s) W-2 .....	61	
		62 Household employment taxes. Attach Schedule H .....	62	
		63 Add lines 57-62. This is your total tax .....	63	474.
<b>Payments</b>		64 Federal income tax withheld from Forms W-2 and 1099 .....	64	3,150.
If you have a qualifying child, attach Schedule EIC.		65 2005 estimated tax payments and amount applied from 2004 return .....	65	
		66a Earned income credit (EIC) .....	66a	1,703.
		b Nontaxable combat pay election .....	66b <input type="checkbox"/>	
		67 Excess social security and tier 1 RRTA tax withheld (see instructions) .....	67	
		68 Additional child tax credit. Attach Form 8812 .....	68	913.
		69 Amount paid with request for extension to file (see instructions) .....	69	
		70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 .....	70	
		71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments .....	71	5,766.
<b>Refund</b>		72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid .....	72	5,292.
Direct deposit? See instructions and fill in 73b, 73c, and 73d.		73a Amount of line 72 you want refunded to you .....	73a	5,292.
		b Routing number <input type="checkbox"/> 063000021 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="checkbox"/> 1010087215564		
		74 Amount of line 72 you want applied to your 2006 estimated tax .....	74	
<b>Amount You Owe</b>		75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions .....	75	
		76 Estimated tax penalty (see instructions) .....	76	
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
Designee's name ►		Phone no. ►	Personal identification number (PIN) ►	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Sign Here Joint return? See instructions.		Your signature 	Date <input type="text" value="4/4/06"/>	Your occupation ACCOUNTING
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign. 	Date <input type="text" value="4/4/06"/>	Daytime phone number <input type="text"/>
Preparer's signature ►		Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code ►		Self-Prepared		EIN <input type="text"/>
				Phone no. <input type="text"/>

Form 1040

Department of the Treasury—Internal Revenue Service

## U.S. Individual Income Tax Return

2006

(see) IRS Use Only—Do not write or staple in this space.

## Label

(See instructions on page 16.)

Use the IRS label.  
Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning		2006, ending	.20	OMB No. 1545-0074
L Your first name and initial A <b>MANUEL R</b>		Last name <b>DURAN</b>		
B If a joint return, spouse's first name and initial E <b>SUSANA M</b>		Last name <b>SERRANO</b>		
H Home address (number and street). If you have a P.O. box, see page 16. E <b>2425 PRESERVE COURT</b>		Apt. no. R		
E City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>MULBERRY, FL 33860-0000</b>				

Your social security number  
**583-78-4879**Spouse's social security number  
**584-43-5551**You must enter  
▲ your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

## Presidential

## Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ►  You  Spouse

## Filing Status

Check only one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.)
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ►
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (see page 17)

## Exemptions

If more than four dependents, see page 19.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .	Boxes checked on 6a and 6b <b>2</b>		
b <input checked="" type="checkbox"/> Spouse . . . . .	No. of children on 6c who:		
c Dependents:	<input type="checkbox"/> lived with you <b>1</b>		
(1) First Name      Last Name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see pg 19) <input checked="" type="checkbox"/>
JOHANSSEN DURAN	599-52-8931	SON	X
MARTA CAPELLAN	584-45-8508	PARENT	
EUGENIO SERRANO	114-48-8734	PARENT	
d Total number of exemptions claimed . . . . .	Dependents on 6c not entered above <b>0</b>		
	Add numbers on lines above ► <b>5</b>		

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.  
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7 <b>27982</b>
8a Taxable interest. Attach Schedule B if required . . . . .	8a <b>166</b>
b Tax-exempt interest. Do not include on line 8a. <b>8b</b>	
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a
b Qualified dividends (see page 23) <b>9b</b>	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) . . . . .	10
11 Alimony received . . . . .	11
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13
14 Other gains or (losses). Attach Form 4797 . . . . .	14
15a IRA distributions <b>15a</b>	b Taxable amount (see page 25)
16a Pensions and annuities <b>16a</b>	b Taxable amount (see page 26)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F . . . . .	18
19 Unemployment compensation . . . . .	19
20a Social security benefits <b>20a</b>	b Taxable amount (see page 27)
21 Other income. List type and amount (see page 29) . . . . .	21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► <b>22</b>	<b>28148</b>

## Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853 . . . . .	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889 . . . . .	25
26 Moving expenses. Attach Form 3903 . . . . .	26
27 One-half of self-employment tax. Attach Schedule SE . . . . .	27
28 Self-employed SEP, SIMPLE and qualified plans . . . . .	28
29 Self-employed health insurance deduction (see page 29) . . . . .	29
30 Penalty on early withdrawal of savings . . . . .	30
31a Alimony paid. b Recipient's SSN ► <b>31a</b>	
32 IRA deduction (see page 31) . . . . .	32
33 Student loan interest deduction (see page 33) . . . . .	33
34 Jury duty pay you gave to your employer . . . . .	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 through 31a and 32 through 35. . . . .	36
37 Subtract line 36 from line 22. This is your adjusted gross income ► <b>37</b>	<b>28148</b>

<b>Tax and Credits Standard Deduction for -</b>	38 Amount from line 37 (adjusted gross income) . . . . .		38
	39a Check <input type="checkbox"/> You were born before January 2, 1942. <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1942. <input type="checkbox"/> Blind. } checked ► 39a		
<b>• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.</b>	39b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here . . . ► 39b		40 17187
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . .		41 10961
	41 Subtract line 40 from line 38 . . . . .		42 16500
	42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. . . . .		43 0
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . . .		44
	44 Tax (See page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 . . . . .		45
	45 Alternative minimum tax. (see page 39). Attach Form 6251 . . . . .		46
	46 Add lines 44 and 45 . . . . .		
	47 Foreign tax credit. Attach Form 1116 if required . . . . .		47
	48 Credit for child and dependent care expenses. Attach Form 2441. . . . .		48
49 Credit for the elderly or the disabled. Attach Schedule R . . . . .		49	
50 Education credits. Attach Form 8863 . . . . .		50	
51 Retirement savings contributions credit. Attach Form 8880 . . . . .		51	
52 Residential energy credits. Attach Form 5695 . . . . .		52	
53 Child Tax credit (see page 42). Attach Form 8901 if required . . . . .		53	
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859 . . . . .		54	
55 Other Credits a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form . . . . .		55	
56 Add line 47 through 55. These are your total credits . . . . .		56	
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- . . . . . ► 57		0	
58 Self-employment tax. Attach Schedule SE . . . . .		58	
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . .		59	
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .		60	
61 Advance earned income credit payments from Form(s) W-2, box 9 . . . . .		61	
62 Household employment taxes. Attach Schedule H . . . . .		62	
63 Add lines 57 through 62. This is your total tax . . . . . ► 63		0	
64 Federal income tax withheld from Forms W-2 and 1099 . . . . .		64 2935	
65 2006 estimated tax payments and amount applied from 2005 return. . . . .		65	
66a Earned income credit (EIC) . . . . .		66a 939	
b Nontaxable combat pay election ► 66b . . . . .			
67 Excess social security and tier 1 RRTA tax withheld (see page 60) . . . . .		67	
68 Additional child tax credit. Attach Form 8812 . . . . .		68 1000	
69 Amount paid with request for extension to file (see page 60) . . . . .		69	
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 . . . . .		70	
71 Credit for federal telephone excise tax paid. Attach Form 8913 if required . . . . .		71 60	
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments . . . . . ► 72		4934	
73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid . . . . .		73 4934	
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> ► b Routing number 0 6 3 0 0 0 0 2 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number 1 0 1 0 0 8 7 2 1 5 5 6 4 . . . . .		74a 4934	
75 Amount of line 73 you want applied to your 2007 estimated tax . . . . . ► 75			
76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 . . . . . ► 76			
77 Estimated tax penalty (see page 62.) . . . . .		77	

**Refund Direct deposit? See page 61 and fill in 74b, 74c, and 74d or Form 8888.** 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid . . . . .

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ►

► b Routing number 0 6 3 0 0 0 0 2 1 c Type:  Checking  Savings

► d Account number 1 0 1 0 0 8 7 2 1 5 5 6 4 . . . . .

75 Amount of line 73 you want applied to your 2007 estimated tax . . . . . ► 75

**Amount You Owe** 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 . . . . . ► 76

77 Estimated tax penalty (see page 62.) . . . . .

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see page 63)?  Yes. Complete the following.  No

Designee's name ► PREPARER

Phone no. ►

Personal identification number (PIN) ►

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Joint return? See page 17.** Your signature Date Your occupation Daytime phone number  
► 863-648-2483

**Keep a copy for your records.** Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Daytime phone number  
► 863-648-2483

**Paid** Preparer's signature Date Check if self-employed Preparer's SSN or PTIN  
► 03/22/07  046-74-6037

**Preparer's Use Only** Firm's name (or yours if self-employed) CRUZ AND CRUZ ACCOUNTING CORP EIN 20-0583859  
address, and ZIP code ► 5015 W WATERS AVE STE F TAMPA, FL 33634- Phone no. 813-882-3400

Form 1040

Department of the Treasury - Internal Revenue Service  
U.S. Individual Income Tax Return 2007 (99) IRS Use Only-Do not write or staple in this space.

Label (See instructions)	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning			,2007, ending	,20	OMB No. 1545-0074
Use the IRS label. Otherwise, please print or type.	Name	Spouse's Name (if Joint Return)	Home Address	City, State, and ZIP Code	Your social security number 583-78-4879	
	MANUEL R DURAN	SUSANA M SERRANO			Spouse's social security no. 584-43-5551	
	2524 PRESERVE COURT	Mulberry FL 33860-			You must enter your SSN(s) above. ▲	

Presidential

Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ►  You  Spouse

Filing Status Check only one box.	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on		
	b <input checked="" type="checkbox"/> Spouse	6a and 6b 2		
	c Dependents:	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if qualifying child for child tax credit (see inst.)
If more than four dependents, see instr.	(1) First name Last name	599-52-8931	SON	<input checked="" type="checkbox"/>
	JOHANSSEN DURAN	596-28-1131	NIECE	<input type="checkbox"/>
	NIZA DURAN	584-45-8508	PARENT	<input type="checkbox"/>
	MARIA CAPELLAN	114-48-8734	PARENT	<input type="checkbox"/>
	EUGENIO SERRANO			
d Total number of exemptions claimed		Add numbers on lines above ► 6		

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 26,419.
	8a Taxable interest. Attach Schedule B if required	8a
	b Tax-exempt interest. Do not include on line 8a	8b
	9a Ordinary dividends. Attach Schedule B if required	9a
	b Qualified dividends (see instructions)	9b
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10
	11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12 (731.)
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13
	14 Other gains or (losses). Attach Form 4797	14
	15a IRA distributions 15a	b Taxable amount (see inst.)
	16a Pensions and annuities 16a	b Taxable amount (see inst.)
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
	18 Farm income or (loss). Attach Schedule F	18
	19 Unemployment compensation	19
	20a Social security benefits 20a	b Taxable amount (see inst.)
	21 Other income. List type and amount (see instr.)	21
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22 25,688.

Adjusted Gross Income	23 Educator expenses (see instructions)	23
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses. Attach Form 3903	26
	27 One-half of self-employment tax. Attach Schedule SE	27
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction (see instr.)	29
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction (see instructions)	32
	33 Student loan interest deduction (see instructions)	33
	34 Tuition and fees deduction. Attach Form 8917	34
	35 Domestic production activities deduction. Attach Form 8903	35
	36 Add lines 23 through 31a and 32 through 35	36
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37 25,688.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2007)

## Tax and Credits

## Standard Deduction for -

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.
- All others: Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income) .....	38	25,688.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes if: <input type="checkbox"/> Spouse was born before Jan. 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> checked ► 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here .....	► 39b	<input type="checkbox"/>
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	17,431.
41	Subtract line 40 from line 38 .....	41	8,257.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions .....	42	20,400.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	
45	Alternative minimum tax (see instructions). Attach Form 6251 .....	45	
46	Add lines 44 and 45 .....	46	
47	Credit for child and dependent care exp. Attach Form 2441. <input type="checkbox"/> 47		
48	Credit for the elderly or the disabled. Attach Schedule R .....	48	
49	Education credits. Attach Form 8863 .....	49	
50	Residential energy credits. Attach Form 5695 .....	50	
51	Foreign tax credit. Attach Form 1116 if required .....	51	
52	Child tax credit (see inst.). Attach Form 8901 if required .....	52	
53	Retirement savings contributions credit. Attach Form 8880 .....	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits .....	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- .....	57	
58	Self-employment tax. Attach Schedule SE .....	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919 .....	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	60	
61	Advance earned income credit payments from Form(s) W-2, box 9 .....	61	
62	Household employment taxes. Attach Schedule H .....	62	
63	Add lines 57 through 62. This is your total tax .....	63	

## Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099 .....	64	2,084.
65	2007 estimated tax pymts and amt applied from 2006 return .....	65	
66a	Earned income credit (EIC) .....	66a	2,971.
b	Nontaxable combat pay election .....	66b	
67	Excess social security and tier 1 RRTA tax withheld (see inst) .....	67	
68	Additional child tax credit. Attach Form 8812 .....	68	1,000.
69	Amount paid with request for extension to file (see inst) .....	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27 .....	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments .....	72	6,055.

## Refund

Direct deposit?  
See instructions and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	6,055.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> b number 063000021 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	74a	6,055.
75	Amount of line 73 you want applied to your 2008 estimated tax ► 75		

## Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ► 76
77	Estimated tax penalty (see instructions) .....

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input type="checkbox"/> Yes. Complete the following.	<input checked="" type="checkbox"/> No
Designee's name ►	Phone no. ►	Personal identification number (PIN) ►

## Sign Here

Joint return?  
See instr.  
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Daytime phone number
Your signature	863-648-2483

Spouse's signature. If a joint return, both must sign.	Date	Your occupation	A/C TECHNITIAN
		ACCOUNTANT	

Preparer's signature	ANDRES LOPEZ ALVARADO	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	AA ACCOUNTING & TAX APARTADO 1750 Juana Diaz PR 00795-	03/18/2008	EIN	P00780348

Preparer's signature	ANDRES LOPEZ ALVARADO	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	AA ACCOUNTING & TAX APARTADO 1750 Juana Diaz PR 00795-	03/18/2008	EIN	P00780348

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